EXHIBIT B





PTO/SB/01 (10-00) Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

		Attorney Docket Nun		less it contains a valid OMB control numbe			
ECLARATION FOR	R UTILITY OR	First Named Inventor		FOCKE			
DESIGN	N						
PATENT APPLICATION		COMPLETE IF KNOWN					
(37 CFR 1	.63)	Application Number	/	<u> </u>			
	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e))	Filing Date					
Submitted OR S		Group Art Unit					
		Examiner Name					
As a below named inventor My residence, mailing addres I believe I am the original, firs	ss, and citizenship are as	s stated below next to my nam	or an original fire	st and joint inventor /if alway			
names are listed below) of th	e subject matter which is	s claimed and for which a pate	ent is sought on	the invention entitled:			
METHOD AND APPAR	ATUS FOR THE TE	STING OF IN PARTICUL	AR CIGARE	TTE PACKS			
the specification of which is attached hereto OR was filed on (MM/DD/		Title of the Invention)	ed States Annlic	ration Number or BCT International			
Application Number of PC1 international							
Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:							
I acknowledge the duty to	disclose information was material information	bove: /hich is material to patenta which became available bet	hility on define	d in 37 CFR 1.56, including for late of the prior application and the			
cerunicate. Or Judital Di anv Pt.	ntified below by checking	on which designated at least o	ne country other	olication(s) for patent or inventor's than the United States of America, or inventor's certificate, or any PCT			
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached? YES NO			
100 50 297.0	Germany	10 October 2000 (10.10.2000)	8 C.C.C				
Additional foreign application	on numbers are listed on	a supplemental priority data	sheet PTO/SB/0	02B attached hereto:			
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s) Filing Da		te (MM/DD/YYYY)	numb suppl	ional provisional application pers are listed on a lemental priority data sheet SB/02B attached hereto.			
		[Page 1 of 2]					

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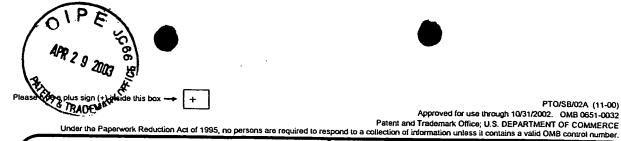
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Nur or Bar Code L				70 OR 0		orrespondence address below			
Name TECHNOPROP COLTON LLC									
Address	Address PO Box 567685								
Address									
City	Atlanta				State	GA		ZIP 31156-76	85
Country	US		Telephon	ne 770.522.9	9762			Fax 770.522.9	9763
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF	SOLE OR FIRST	INVENTOR:			A petiti	ion ha	is been fi	led for this uns	signed inventor
Given Name (first and mid	** .				Family or Surn	amily Name r Surname			
Inventor's Signature Date									
Residence:	City Verden			State		Country DE		Citizenship I	DE ,
Mailing Addr	ress Moorstrasse 64								
Mailing Addr	ess								
City Verden	City Verden State			ZIP 27283		Country Geri	many		
NAME OF	SECOND INVENT	OR:			A petit	ion ha	as been f	led for this uns	signed inventor
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Inventor's Signature									
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Mailing Address Dohlberger Strasse 35									
Mailing Address									
City Verden		State	State			ZIP 27283		Country Geri	many
Additional inventors are being named on1_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									



DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>

								
	Name of Additional Joint Inventor, if any:							
Given Na	ame (first and middle (if any	1)		Family Na	ime or	Surname		
Jens	SCHMIDT							
Inventor's Signature						Date		
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Mailing Address	Jan-Reiners-Strasse 6							
Mailing Address								
City	Grasberg	State		ZIP 28879	Count	ntry Germany		
	nal Joint Inventor, if an	<u> </u>		A petition has been file	ed for t	this unsigned inventor		
Given Na	ame (first and middle [if any	1)		Family Na	ime or	Surname		
Ralph	SGODZAI							
Inventor's Signature						Date		
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Mailing Address	Im Orth 14a							
Mailing Address	<u> </u>			-				
City	Ritterhude	State		ZIP 27721	Cou	ountry Germany		
	Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
	Given Name (first and middle [if any])			Family Na	me or	Surname		
Henry		BUS	USE					
Inventor's Signature						Date		
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Mailing Address	Dreessel Nr. 8							
Mailing Address								
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